Impact of Conflict Situation on Mental Health in Srinagar, Kashmir

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Abstract: *The Conflict in Kashmir has a wider and deeper impact on all sections of Kashmiri society. The impact of conflict is experienced by people of all ages who suffer displacement, loss of home and property, loss or involuntary disappearances of close relatives, poverty and family separation and disintegration. This is compounded by the lifelong social, economic and psychologically traumatic consequences of armed conflict. The Paper highlights as to what extent the conflict has affected the Mental Health of Kashmiri people and the extent of help rendered by government/NGOs towards them.*

Introduction

Concept of Conflict

Conflict is a serious disagreement, struggle, and fight arising out of differences of opinions, wishes, needs, values, and interests between and among individuals or groups. (Hornby, A.S.1995). It is a struggle between and among individuals or groups over values and claims to scarce resources, status symbols, and power bases. The objective of the individuals or groups engaged in conflict is to neutralize, injure or eliminate their rivals so that they can enjoy the scarce resources, the status symbols, and power bases (Coser, L 1956). Conflict is conceived as a purposeful struggle between collective actors who use social power to defeat or remove opponents in order to gain status, resources and push their values over other social groupings (Himes, J.S 1980).

Conflict, clash of interests, is universal in nature. It occurs in all times and places. It is present in almost all societies. There has never been a time or society in which some individuals or groups did not come into conflict. In some societies conflict may be very acute and vigorous while in some others it may be very mild. Conflict is experienced at all levels of human activity from the intra-personal to the international. Sociologist like Karl Marx, Frederich Engels, Saint-Simon and others have emphasized the role of conflict as a fundamental factor in the social life of man. Karl Marx, the architect of communism has said the history of hitherto existing human society is nothing but the history of class struggle (George Ritzer 1996). Conflict is prevalent within and between social relations such as families, ethnic groups, social institutions and organizations, political parties and states. Further, it is prevalent in situations where the goals, aspirations, interests, and needs of the social groups cannot be achieved simultaneously and the value systems of such groups are at variance. Invariably, the social parties purposely employ their power bases to fight for their position with a view to defeat, neutralize or eliminate one another (Klingebiel, G. 2002).

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Most writers on the issue of conflict seem to agree that the causes of conflict include, among others, competition for scarce resources; differences in terms of goals, value systems, and interests; and structural imbalances and ambiguity in coordinating social structures. It emanates from socio-economic inequalities, ethnicity, absence of opportunities for political participation, differences in religious inclinations, fragile government structures, inadequate civic structures, differences in political ideologies, and competition over scarce resources (Anstey M.1991). Conflict expresses itself in numerous ways and in various degrees, and over every range of human contact its modes are always changing with social conditions (MacIver MR, & Charles H.Page, 1950)

Understanding mental health

Mental, physical and social health, are vital strands of life that are closely interwoven and deeply interdependent. Defining health as physical, mental and social well being, A.V. Shah has expressed that mental health is the most essential and inseparable component of health (A.V Shah 1982). There are a number of dimensions, which contribute to positive health like, spiritual, emotional, vocational, philosophical, cultural, socio-economic, environmental, educational and nutritional besides the physical, mental and social dimension. Thus, health is multidimensional. Although these dimensions function and interact with one another, each has its own nature.

Perhaps the easiest dimension of health to understand is the 'physical', which is nothing but biomedical definition of health. WHO defines health as a state of complete physical, mental and social well being and not merely the absence of disease and infirmity. Thus mental well being is an essential component of health of all individuals (Waheeda khan 2002). Good mental health is the ability to respond to many varied experiences of life with flexibility and a sense of purpose. More recently mental health has been defined as a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, coexistence between the realities of the self and that of other people and that of the environment. On the other hand, social well being implies harmony and integration within the individual, between each individual and other members of the society and between individuals and the world in which they live (Park 1995). It also indicates optimal ability to maintain relationship with individuals and groups in accordance with existing cultural patterns (Waheeda khan 2002). The social dimension of health includes the levels of social skills one possesses, social functioning and the ability to see oneself as a member of a larger society. Social health is rooted in "positive material environment" (focusing on financial and residential matters), and "positive human environment" which is concerned with the social network of the individual (Fillenbaum,G.G ,1984).

Mental illness is a disorder of the cognition (thinking) and/or the emotions (mood) as defined by standard diagnostic systems such as the International Classification of Disorders, or the American Psychiatric Association's Diagnostic and Statistical Manual (see below for reference to the website). Psychosocial disorders relate to an interrelationship of psychological and social problems, which together constitute the disorder. Psychological symptoms are those that have to do with thinking and

emotions, while social symptoms relate to the relationship of the individual with the family and society. Save the Children and UNICEF define psychosocial well being as involving people's relationships, feelings, behavior and development. Advances in neurosciences and behavioral medicine have also shown that, like any physiological illnesses, mental and behavioral disorders are the result of a complex interaction between biological, psychological and social factors (Syed Amin Tabish, 2005).

Mental and Psychosocial Disorders and conflict

Although conflict created by human beings is as old as the human civilization, any organized effort to study and quantify the impact of conflict and violence on public heath particularly mental health of the population, started only in 1970s by the International Committee of the Red Cross (ICRC) in the context of the humanitarian crisis in Biafra, Nigeria. Thereafter many studies and researches were conducted in this regard and today it is an area of concern for everybody. As per assessment of the International Committee of the Red Cross (ICRC) after the physical health part of a human being, mental well being the most stressed area in conflict situations, violent emotional reactions are manifest, mainly in the children and women. They are very badly affected by psycho-trauma and posttraumatic stress disorder. Simply proximity to the situations also can affect even those who are not directly involved in conflicts.

Impact of conflict on mental health of individuals, who go through it or even witness it, is influenced by several factors. Those who are victims of violent situations suffer psychological stress. Such stress may traumatize individuals. Trauma could be the result of living through violence or witnessing acts of violence or being directly inflicted by torture, rape, etc. The acts of conflict in terms of death of a close family member may be the most difficult bereavement to bear and the sudden death in the family might have long lasting physical and emotional repercussions on the survivors. Like individuals, the society and the community may also get traumatized if it happens to pass through violent situations on a sustained basis. Conditions prevailing presently or in the recent past in countries/regions like Rwanda, Afghanistan, Iraq, Sudan, Gaza Strip and Chechnya may serve as good examples of situations where communities are suffering trauma as aftermath of continued violence (http://www.tripurainfo.com/opinion/exp-op/skroy.htm).

Psychological trauma may become evident in disturbed and antisocial behavior, such as family conflict and aggression towards others. This situation is often exacerbated by the availability of weapons and by people becoming habituated to violence after long exposure to conflict. The impact of conflicts on mental health is, however, extremely complex and unpredictable. It is influenced by a host of factors such as the nature of the conflict, the kind of trauma and distress experienced, the cultural context, and the resources that individuals and communities bring to bear on their situation (Summerfield D, 1991).

From mental health point of view, population affected by conflict can be divided into three groups (i) those with disabling psychiatric illness (ii) those with severe psychological reactions to trauma and (iii) those, forming the majority, who are able to adapt once peace and order is restored.

Among the General Population Under normal circumstances, 1-3 percent of the population has some form of psychiatric disorder. The psychiatric literature shows that conflict situations increase disorder prevalence (Hoge, 2004). Violent acts such as targeted killings, amputations, gender-based violence, and physical maiming often have long-term psychological effects on those who have experienced or witnessed them. Other forms of conflict-related violence can include forced displacement, restricted movement, forced recruitment, harassment and intimidation, and the dangers posed by landmines and unexploded ordnance. Widespread insecurity and increased poverty, coupled with a lack of basic services such as healthcare, education, housing, water and sanitation, exacerbate mental problems. Conflict and relocation can have a profound effect on the mental health of affected populations. The transition entails coming to grips with what has occurred and adjusting to life in new environments that may feel foreign and inhospitable. It may also mean impoverishment due to loss of assets and livelihoods, uncertainty regarding the status of loved ones, unemployment and a lack of professional skills suitable for the new location and circumstances (Carballo, 2004).

Mental disorders and psychosocial consequences associated with conflicts include sleeplessness, fear, nervousness, anger, aggressiveness, depression, flashbacks, alcohol and substance abuse, suicide, and domestic and sexual violence. Following a traumatic event, a large proportion of the population may experience nightmares, anxiety, and other stress-related symptoms, although these effects usually decrease in intensity over time. For some, the hopelessness and helplessness associated with persistent insecurity, statelessness and poverty will trigger ephemeral reactions such as those mentioned above. For others, conflict experiences may lead to Post-Traumatic Stress Disorder (PTSD) and chronic depression. These conditions, in turn, can lead to suicide ideation and attempts, chronic alcohol and drug abuse, interpersonal violence, and other signs of social dysfunction. Studies indicate that populations affected by conflict are not only affected by mental health problems but have associated dysfunction, which can last up to five years after the conflict. This persistent dysfunction is linked to decreased productivity, Poor nutritional, health and educational outcomes and decreased ability to participate in development efforts. The effects of mental health and psychosocial disorders in conflict-affected populations can be an important constraint in reconstruction and development efforts (Baingana, F.2005).

In conflict affected households the mental health conditions can lead to low levels of social capital, which in turn exacerbate mental health problems. Within families, males may experience depression, anxiety, and psychosomatic illnesses from their war-experiences due to memories of atrocities they witnessed or performed, guilt over not being able to protect their families adequately, or because of sudden unemployment and a lost sense of purpose. These effects, in turn, may be manifested as

hostility toward family members. During and after conflicts, women often find themselves having to deal with violence from or loss of men in their families, while taking on the new and stressful role of sole provider, often in new and insecure environments. The resulting deterioration of household social capital increases women's chances of suffering from mental disorders.

The Global Burden of Disease study estimated that the burden of disease from mental and behavioral disorders such as depression, bipolar disorder, psychosis, schizophrenia, and substance abuse would increase from 12 percent in 1990, to close to 15 percent by 2020. This estimate was based in part on the projection that violent conflicts would shift from the 16th to the 8th leading cause of disease by 2020, and violence would move from 28th to 12th. Psychoses and mood disorders are widespread in conflict-affected societies (Mollica, 2000). Currently, five mental disorders are among the top ten leading causes of disability, and include alcohol abuse, bipolar disorder, schizophrenia, obsessive compulsive disorder and major depression. At present, major depression is the principal cause of disability adjusted life years (DALYS) among working age populations and the greatest overall source of disability in the world, although conflict is associated with an increase in the prevalence of mental disorders. Recent epidemiological studies of mental health in communities affected by the war in Afghanistan found high prevalence of symptoms of depression, anxiety and PTSD (Mollica, R.F 2001).

Mental and Psychosocial Disorders and Conflict in Kashmir

For the last two decades, Kashmir Valley has been the scene of conflict between Government forces and militants. Bomb attacks, shoot-outs, pressure from both sides have affected the daily lives of ordinary Kashmiris. Human rights abuses from both the militants and government forces are reported in the form of arrests, extra-judicial killings, house to house searches, abductions and torture. Violent incidents could happen everywhere at any time and the risk of getting caught in the crossfire is always present. The ongoing violence, the constant threat and poor future perspective put a heavy strain on the natural coping mechanisms of the people in Kashmir. A lot of people suffer from stress (normal or related to traumatic event), high amounts of psychosocial problems (substance abuse, distrust) are registered and disorders like anxiety, mood and post-traumatic disorders are mounting. Most of the mental pain is presented as physical (somatization). Mental health experts in the state's summer capital, Srinagar, said that there has been a staggering increase in the number of stress and trauma related cases in the Kashmir valley and these psychological problems have also given rise to general health problems like diabetes, cardiac problems and hypertension (The News, August 18, 2005).

Medecins San Frontiers (MSF), one of only two foreign aid agencies in Srinagar, is focused on managing this overwhelming problem. According to MSF representative Paul van Haperen, There is barely a family that has not been affected. There's been a tenfold rise in the past decade in the number of cases of trauma (Izzat Jarundi, 2002). Considering the daily traumas these people endure,

it is not surprising that the state of Jammu and Kashmir, where the rebellion is raging, has one of the highest rates of suicide in India (Agence France Presse, April 8, 2001). Mental disorders in both men and women have shown an alarming increase when compared to pre-conflict days in 1989.

Table 1: Number of patients who visited valley's only psychiatric hospital at Rainawari

Year	Number of patients
1985	775
1989	1,700
1994	18,000
1996	20,000
1999	35,000
2001	38,000
2002	45,000
2003,	50,000
2005	70,000
2006	82,000

Source: valleys lone psychiatric hospital.

Records from the outpatient department of Srinagar's Hospital for psychiatric Diseases show that in the 1980s about 100 people were reporting for treatment in a week; today, between 200 and 300 people arrive every day.

Before the onset of militancy certain mental disorders, which were unknown to Kashmir, have shown a phenomenal presence after the conflict. One such disorder, Post Traumatic Stress Disorder (PTSD), is a disorder in which the victim relieves the trauma time and again. No case of this kind was reported before 1990, this kind of disorder was completely unrecognized in Kashmiri society as the situation was peaceful but now 15 to 20 percent patients in outpatient department (OPD) are suffering from this mental disorder, followed by Major Depressive Disorder and the cases pouring in are just the tip of iceberg. The cure for this mental condition is difficult in a situation like Kashmir. Patients need a peaceful environment, which Kashmir still cannot afford.

There are other mental diseases which have shown fourfold increase like bipolar disorder, panic, phobia, generalized anxiety and sleep disorders. Many women in Kashmir who have experienced violent incidents also complain of nightmares and dreams full of blood and violence. Inability to cope with the distributing dreams full of violence and horrible experiences have become a common phenomenon among the masses in this trouble torn state. There has been a sharp rise in number of

patients complaining of anxiety–provoking dreams. There is a manifold increase in cases where people experience dreadful dreams. “Every day I treat a good number of patients complaining of sleep disorders. These nightmares are due to underlying distress,” said Dr. Mushaq Margoob, a leading psychiatrist of valley.

> “A day in Kashmir that starts with the disheartening news of killing, rape, arson etc. recycles itself in the dreams. A dream is a psychological and physiological phenomena, during night brain starts to retain, retrieve and wipe-out images of the day’s happenings and experiences. Thus, these nightmares are directly related to the current situation. The nightmares are not only experienced by people directly involved in any violent incident but many people who have not witnessed any incident suffer from sleeping disorders. Many patients who complain of scary dreams do not have the background where they have witnessed any violent incident. It may be the media reports or discussion at home about such incidents which leave impression on the psyche of a person,”

opined Dr. Margoob.

Now what worries medicos here is the aftermath of sleeping disorders. Many medicos warn of long-term effect of such dreams, as they believe it has transgeneration effect . It might lead to various ailments and even degeneration of brain cells in patients suffering from PTSD. And if trauma and stress is neglected it can become a genetic disorder and transmit due to structural change and degeneration in special areas in brain. Thereafter it can transfer from one generation to another. According to psychiatric hospital sources, more than seven patients have been treated in psychiatric hospital in a day who complained of anxiety provoking dreams. Some community surveys reveal that 25 percent of the people in Kashmir Valley suffer from lifetime depressive disorders. They are often sad, don't sleep well, and do not enjoy life. But, the psychiatrists are not surprised by these figures - after all Kashmiris are a people living on the edge (The News, April 7, 2004). According to the valley’s leading psychiatrists the insecurity among the inhabitants has made unsure of whether they will come back home alive or not whenever they venture out. Even inside their houses, the civilians are not secure. Many times, whole localities were set on fire. In this perpetual danger, people go to family practitioners complaining of stomachaches, headache, heart palpitations, dizziness, and loss of appetite and other ailments that have roots in trauma.

A clinical psychologist in the Jhelum Valley Medical College in Srinagar believes that intensity of mental disorders is directly proportional to the presence of the huge number of military personnel in Kashmir. She adds, in a situation where military at times out-numbers the civilian population, the fear, threat and insecurity among people is quite natural. The record of third degree torture and indiscriminate firing by the forces has made every one vulnerable.” (Counter Insurgency in Kashmir, 1996). Around twenty percent of the patients suffering from depression have suicidal tendency. The people suffered from anxiety due to fear, which later on turned into depression. Besides behavioral symptoms like sad mood and displeasure, the loss or even an increase in weight, chest pain, indigestion, giddiness and nausea could also be symptoms of depression (Majid Hyderi, Greater Kashmir 2004).

Stigma

Doctors believe that no more than 10 percent of those in need of psychiatric care are actually approaching the hospital. The families prefer to take such patients to physicians rather than psychiatrists. This was further corroborated by the study of ECHO, a non-government organization which said the visits to any neurologist or cardiologist in the state confirms that a large number of psychiatric patients visit there on a regular basis (Peerzada Ashiq, Greater Kashmir 2004). Due to the lack of knowledge, and the stigma attached with a visit to a psychiatrist, most of the patients shy away from treatment. It is a common notion here that anybody visiting a psychiatrist is insane. Even in a country like America where people are educated, only fifty percent of the patients come for treatment. Therefore the exact number in this conservative society can only be imagined (Greater Kashmir, October 12, 2004).

No one is immune to psychiatric disorders these days whatever their age. Experiencing stressful events in their immediate environment puts a degree of emotional pressure on the individual. The only long-term treatment for this condition is long-term psychotherapy. Not everyone can afford the long-term treatment so quick remedies in the form of antidepressants, tranquilizers and sedatives have shown a rise in urban Kashmir. A chemist outside the psychiatric Hospital in Srinagar said that consumption of such medicine has shown an all time high. Many people have become addicts and cannot sleep without a dose of pills (Muzamil Jameel, The Indian Express: June 28).

Though psychological disorders have shot up ten times during these years, faith in God and deep-rooted Sufi traditions have kept the population going. Even Kashmir's leading psychiatrist, Dr.Mushtaq Margoob, calls himself more a faith healer than a psychiatrist. "The people have absolute faith that whatever tragedy strikes them is the Will of God, so they don't give up," he said. Their faith is a support system and it helps me treat them too. Without it, psychiatric disorders in Kashmir would have turned into an unmanageable problem. Even though belief in faith healers may be considered superstition, it can help people attain emotional relief. "Where medicine cannot work, these traditions do," he said. At a subconscious level, he explained, a person's belief in spiritual healing can be much more powerful than scientific cures.

Missing persons, disturbed survivors

Official statistics say 13,184 people have gone missing in Kashmir since 1990, most of whom, state officials say, have joined militant outfits, a claim disputed by many families. Out of this total, 135 (about one percent) have been declared dead by the government (Fayaz Bukhari, November 2002). Most families with missing members have, despite repeated efforts, failed to find satisfactory explanations for the disappearances. In 1994, a group of these relatives formed the Association of Parents of Disappeared Persons (APDP). They have since visited security officials, police stations, politicians, courts and prisons throughout India with photographs of sons, brothers, fathers, and husbands, trying to settle the uncertainty surrounding the disappearances.

The disappearance of thousands of young men has had a measurable economic impact since it is usually the earning member of the family who goes missing, leaving behind “half-widows”, a phenomenon new to Kashmir viz. "half widows" during the last 15 years have surfaced engulfing a large number of Kashmiri women. There is no accurate number of half widows available. According to media reports and local sources, their number ranges between 1000 and 1500. Persons are picked up on suspicion by some agency and their whereabouts are not revealed leading to mental trauma for the whole family. It is not known whether that person is alive or dead and this practice has led to emergence of new section of society called "half widows", applying to women who do not know whether their husbands are alive or dead. These women go through an identity crisis owing to the disappearances of their husbands, which has led them to be designated as "half widows". Women whose husbands have died in conflict and they have seen the body are better placed than "half widows". At least they reconcile to the fact that their husbands are no more. Usually in depression patient is left with no desire to live but these women amazingly have expressed a strong will to live. They exhibit strength unknown in depressive patients perhaps the reason, and the irony of the "half widows", is that they hope their husbands might be alive and may return one day. This hope could be false, yet in the absence of some proof of death they continue to live in hope. Many women whose husbands have disappeared prefer to wait for them and do not remarry for fear of social ostracism but there are others who defy the norms and remarry.

Families without fathers

In the last 13 years, the political unrest in Jammu and Kashmir is thought to have produced about 18,000 widows and 40,000 orphans in the state. This growing population of indigents has become one of the biggest challenges facing Kashmiri society, and yet it is an escalating tragedy that has not received due attention. Widows are not typically acceptable brides, as Kashmiri society places a taboo on remarriage unlike Muslim societies in many other parts of the world. About 80 percent of widows are aged 25 to 32 with children below the age of 10. Even when remarriage is possible, many women prefer to remain single out of apprehensions for their children’s welfare. A University of Kashmir study showed that 91 percent of widows surveyed had not considered remarriage.

Doctors at the government psychiatry hospital say that women comprise more than the sixty- percent of the patients they examine. Truly speaking women always bear the brunt of conflict, women often finds themselves unexpectedly as the sole manager of household, sole parent and care taker of elderly relatives. They are not able to accept this responsibility and are finding it very difficult to cope with this situation leading to stress related disorders. Women in rural areas often suffer more than anybody as incidents of violence go unreported there and also ignorance and illiteracy being high there. Women are said to be emotionally stronger than men are, but the impact of violence of conflict has rendered their emotional strength into weakness engulfing them in a constant state of depression. Their injuries are more than physical and unlike men they do not share their tragedy with anybody and

that makes them all the more ill. Women form majority of patients of Major Depressive Disorders followed by PTSD, almost 50 percent of female patients coming to this hospital suffer from this syndrome. The victims of rape or molestation who are undergoing psychological trauma do not visit the hospital. Also the suicidal cases don't come to the psychiatric hospital, they are treated in other hospitals, but they never reach the psychiatric hospital owing to social ostracism. Women have become increasingly suicidal and resorting to drugs via sleeping pills, injections, and inhalations. Initially women suffering from other forms of mental sickness had certain inhibitions to visit a psychiatric hospital but now the number of female patients visiting hospital has shown a considerable increase. A clinical psychologist at the Psychiatric Diseases Hospital considers low tolerance levels a significant factor in this context. The reason: stress due to increasing violence in Kashmir. "Continuing violence has also resulted in the loss of self-control, people overreact to any kind of situation." Women are more sensitive, and therefore the incidence of suicides among them is much higher than among men.

It is not surprising that the youth are vulnerable to depression, already they are coping with the growing complexities of adolescence, and when faced with additional conflict related problems, the going is tough. But this is an expected outcome, as the Kashmiri people are living under stressful conditions exemplified by a state of learned helplessness with a sense of constant insecurity and uncertainty, watching helplessly their dear ones being killed, injured, themselves fearing the same. Such circumstances carry every potential of rendering the masses vulnerable to mental health problems. Poverty and unemployment, the other outcomes of the violence, are also causes of depression and suicide.

Suicides

On a daily basis, local dailies carry briefs about suicide deaths or attempted suicide which rarely used to find space earlier but now reports emanating from valley alleys are alarming. Regardless of whom they affect, suicides are a tragic and puzzling phenomenon and to ascertain the reasons why individuals so callously end their own lives is difficult. Suicides which were a rarity in Kashmiri society two decades back, have assumed proportion of an "epidemic" now, statistics reveal that during last 17 years suicides have become the second common mode of unnatural death besides death caused by gunfire and blast injury in Kashmir in armed conflict.

Depression and suicidal tendencies affect male and female grown-ups. On an average day, two to three cases of attempted suicide are admitted into Srinagar's two main hospitals, known simply as SMHS and SKIMS. A large number of people, mostly from the villages, do not even make it to the city hospitals – they die on the way or in local health centers. For a hospital that rarely had to address psychiatric problems till before the troubles (Zulfikar Majid,Greater Kashmir,june 28,2007).

Table 2: Number of suicide deaths registered in SMHS Hospital.

Year	Number of suicide deaths	Women	Men
1998	167	92 (61 %)	75 (39%)
1999	208	144 (69 %)	64 (31 %)
2000	567	377(66.5%)	190 (33.5 %)

Source, SMHS Hospital, Srinagar.

In SKIMS, one of the city hospitals, over 200 people reported with mostly organ phosphorus poisoning. The male-female ratio here is the same as in SMHS. According to a survey conducted by Dr G M Malik, Professor in the Department of Medicine, SMHS hospital, a random sample of 164 Para-suicide cases showed that 114 were females (69.51 per cent) and 50 (30.49 per cent) males. The fear, stress, tension, and uncertainty prevailing in the state are the main reasons behind the rise in suicides. (Fayaz Bukhari 2002)

Doctors and sociologists say the number of people committing suicide has soared since the start of the revolt, but data is sketchy as the violence has made it difficult to do extensive and long-term surveys. One study done in 1999 found that almost 2,000 Kashmiris attempted to kill themselves that year alone - and about ten percent of them were successful. The number of such cases is rising although Kashmir is overwhelmingly Muslim and Islam expressly forbids suicide. The trend comes against a backdrop of more than 50,000 deaths since 1989 during the turmoil. Hospitals estimate around 40 percent of cases are not reported in Kashmir as many people who live in remote and mountainous rural villages choose not to tell the authorities (GQ Khan 1996-2004). At least three to five new-suicide cases are registered each week in the hospital's Accident and Emergency Department which attributes the growing occurrence of depression to the turmoil in Kashmir. “This is very high compared to one or two cases a day, two decades ago - before the turmoil. Suicide cases accounted for only around 1percent of admissions. But then figures changed dramatically. Suicide cases accounted for almost 11percent of total admissions at the hospital in 2001-2002”, said G.Q Khan, the head of medicine there. The fear, stress, tension, and uncertainty prevailing in the state are the main reasons behind the rise in suicides. Most of the cases brought to the hospital are what he calls 'Para suicides' where the patient takes the extreme step in a momentary fit of depression but does not want to die. Official figures show that 95 percent of patients attempting suicide are saved by doctors. However, cases where someone is dead on arrival at hospital are not usually registered.

A total of 368 suicides attempt cases have been reported only at SMHS hospital from April 1 2002 to march 31, 2003. The number rose to an alarming 729 in the following year which is an average of two cases of suicide every day. The trend is higher in females’ attempted suicide from April, 2003 to March 31, 2004.(Zulfikar Majid,2007) The 'phenomenal increase' in the number of suicides in Kashmir

reflects a disintegration of society. “There is an accepted principle in sociology that the higher the integration of society, the less the number of suicides," Dr. Dabla says. Initially the armed conflict brought greater integration in Kashmir society and in those days, suicides were rare. But now the numbers are increasing revealed Sociologist Dr. Dabla. Women and youths are more prone to attempt suicide. While women have suffered emotional trauma due to the conflict, youths have become targets of violence both by the Indian troops and by the militants.

Psychiatrists and sociologists agree that religious faith has been an important influence in checking the incidence of suicides. Dr. Dabla discovered that this was especially the case during the month of Ramadan - the Muslim month of fasting. "During this time there is a greater commitment to religion and greater integration. Many of the patients who have suicidal tendencies do not attempt it as suicide is strictly prohibited in Islam. People would have ended their lives but for the fear of spoiling their life hereafter, they restrain themselves”, said a psychiatrist. Health experts and sociologists warn that if the violence does not ease, suicides will climb still further in the area. “The entire situation has become so charged, so full of tension; sometimes one just cannot tolerate it. A small quarrel with a father can lead to suicide. Behind all this is the wider context of militancy”, said Bashir Ahmad Dabla.

Suicides among newly married men are also on the rise because of impotency, which doctors attribute to mental trauma from shock. One result is a thriving market for the anti-impotency drug Viagra among depressed, stressed-out young Kashmiri men who are seeking out medical help for sexual dysfunction. Doctors in the state's summer capital Srinagar say Kashmir's insurgency has spawned a generation of youngsters suffering from depression and stress, which in turn has led to "psycho-sexual malfunction.” Other doctors said some of their young Kashmiri patients who come with sexual dysfunction problems are victims of torture by the security forces who may suspect them of involvement in militancy activity. Some, they say, are interrogated brutally with electric current passed through their genitals. "Often the victim is rendered impotent, not by the electric shock but by the psychological fallout of the torture” (Health-INDIA, August 2,2002).

Objectives and Methodology of the study

1. To analyze the extent of impact of conflict on mental health of people in Srinagar city.
2. To analyze the impact of mental illness on their general health.
3. To analyze the extent of help, rendered by govt. / Ngo’s towards them.

Sample of the study

Though whole Kashmiri society has got affected psychologically by the turmoil but it is presumed that a greater percent is of those people who are affected directly by the turmoil (victims

themselves) or the close relatives of the victims (family members).The victims themselves (if alive) or close relative (family members) of victims comprised the sample. For the purpose of present study a sample of 200 respondents were randomly selected from various areas of the Srinagar city. For collecting primary data, interview schedule prepared for the purpose was processed through sociological pre-testing before the actual fieldwork was taken up. The investigator surveyed the various areas of Srinagar City and tried to gather information about victims of conflict. The information about such victims was gathered from different people like community heads, shopkeepers, and psychiatrists through snow ball sampling.

Background of the respondents

Table 3: Sex distribution of the respondents

S.No	Sex	No. of Respondents	Percentage
1	Male	41	20.5
2	Female	159	79.5
Total		200	100

As revealed from the above table (Table 3), the dominant majority of the respondents i.e. (79.5 percent) were females while only 20.5 percent were male respondents. Females comprised the greater percent because most of the casualties in Kashmir conflict have been men rather than women. Since women have lost their male members in the form of their husbands, sons, fathers or brothers and this is probably due to the fact the disintegration of families has left women vulnerable to stress related disorders.

Table 4: Age distribution of respondents

S.No	Age group	No. of Respondents	Percentage
1.	18-25	21	10.5
2.	25-35	46	23
3	35-45	52	26
4	45-above	81	40.5
Total		**200**	**100**

Table 2 reveals the greater percent i.e. 40 percent respondents belong to the age of 45 and above. This is because, among them most of the respondents were mothers, widows, wives, fathers, 26 percent respondents belonged to age group of 35-45 while 23 percent belong to age group between 25-35, and only 10.5 percent respondents belonged to the age- group between 18-25.

Table 5: Educational status

S.No	Educational status	No. of Respondents	Percentage
1.	Illiterate	74	37
2	Under-matric	31	15.5
3	Matric	62	31
4	Graduate	33	16.5
Total		200	100

The table above reveals, majority (37 percent) of the respondents were illiterate, it is because these respondents belong to the higher generation, like mothers, wives, widows, and fathers and It is presumed that in the past the people of our society didn't attain the education of higher level. While 31 percent respondents had qualified the matriculation, 16.5 percent were graduates and only 15.5 percent respondents were under-matric.

Table 6: Income status of respondents

S.No	Family income per month	No. of Respondents	Percentage.
1	Upto-2000	23	11.5
2	2000-4000	45	22.5
3	4000-6000	52	26
4	6000-8000	44	22
5	8000-above	36	18
Total		200	100

The table above indicates, majority of the respondents' i.e. 26 percent belonged to the families having total family income per month between 4000-6000 while as 22.5 percent belonged to the families having the total family income between 2000-4000. Another 22 percent respondents were having the total family income per month between 6000-8000.Almost 18 percent respondents were having a family income of 8000 and above and 11.5 percent respondents were having family income up to 2000.

Table 7: Marital status of the respondents

S.No	Marital status	No. of Respondents	Percentage
1	Married	101	50.5
2	Unmarried	47	23.5
3	Widows	52	26
Total		200	100

From the above table, it is noted that 50.5 percent respondents were married, 26 percent were widows, while 23.5 percent were unmarried.

Findings of the Study

On enquiring from our respondents about the impact on their mental health produced by the incidents occurred to them the answer is tabulated as follows.

Table 8: Incident occurred in family

S.No	Incident	No. of Respondents	Percentage
1	Killed	109	54.5
2	Missing	27	13.5
3.	Arrested	17	8.5
4.	Physically disabled	7	3.5
5.	Injured	11	5.5
6.	Molested	13	6.5
7	Physical torture	16	8
Total		200	100

It is clear from the table that majority i.e. 54.5 percent, of respondents have witnessed the incidence of killings in their family. The killings have occurred during crossfire, grenade and IED (improvised explosive devices) blasts, encounters, custodial killings and other forms of torture. About 13.5 percent respondents have their dear ones missing during conflict. The law enforcement agencies had arrested people during raids, routine patrolling and search operations, when the family approached the security officials they usually received assurances that their relatives would be released shortly, which never happened. After a few visits the relatives were told that the people they were looking for were not even arrested. A total of 8.5 percent respondents have their relatives detained in the custody. Many people appear to be arbitrarily detained during crackdowns, without any discernible reason. Some were arrested as the only male members found in their homes during raids, and others appear to be arrested as being involved in an armed opposition group. Eight percent respondents have faced physical torture due to interrogation, beating on the roads by security personnel.

Youth were the main targets of physical torture. About 5.5 percent respondents have faced injuries, they got injured during cross-firing, and grenade and IED blasts. Nearly 6.5 percent women respondents were molested. They became the target of molestation when some attacks like gunfire a blast took place, the outraged security personnel barged into the houses started beating, abusing and molesting the women, and especially those women have faced the mental and physical assault who were the sister, mother or wife of a militant. They were interrogated without any concrete proof on the suspicion of either giving shelter or food to suspected militant or were asked the whereabouts of the

suspected militants and they were dragged out of their homes, molested, tortured, threatened and abused. The only fault of those women was that they were related to militants'. Also, 3.5 percent respondents were physically disabled in the ongoing turmoil. They have lost the limbs and other body parts during grenade or IED blasts, cross firing and also during interrogation.

Thus it can be inferred that killings and murder of innocent people in conflict situation seem to be the most brutal and wild behavior, affecting all sections of society. The loss of life is an irreparable damage and families of the deceased persons undergoing bereavement are more prone to psychological stress. Killing of a person in a family created a sense of insecurity and fear in their daily life. The mode of death specifically due to violent act, which was unexpected and sudden, has led to all kind of psychological problems (including mental health) in the survived family members of the victims. This fact is confirmed by the results of the present study.

As in our study major portion of the respondents are women and in this context we tried to find out the relation of the respondent with victim .Table 9 portrays the results**.** A look at the above table clearly shows that majority of the respondents i.e. 41 percent were mothers who suffered from mental health problems. They have their sons either killed or missing during conflict due to which their mental health has been affected. Twenty six percent respondents are those who themselves have become the victims during the conflict. As per the statement of these respondents, some had been arrested and physically tortured, some injured, some physically disabled and others had been molested in the ongoing turmoil.

Table 9: Relation of respondent with victim

S.No	Relation	No. of Respondents	Percentage
1	Respondent (self)	52	26
2	Father	11	5.5
3	Mother	82	41
4	Sister	16	8
5	Wife	39	19.5
Total		200	100

About 19.5 percent of respondents who have undergone through psychological trauma were wives; they have their husbands either missing or have been killed. Eight percent were sisters while 5.5 percent respondents were fathers. Since studies have indicated that in the conflict situation mostly women have developed psychological problems, further it is a well established fact that mothers are more attached to their sons and hence they suffered psychologically more.

Table 10 below depicts that the respondents have faced multiple psychological problems in which majority i.e. 90.5 percent of the respondents have become fearful, 87 percent respondents were having sleeping disorders. This was followed by 86 percent respondents who were experiencing stress, depression and psychological stress, 66 percent respondents have lost interest in their life, 59.5 percent respondents were feeling the re-experience of the incidence, 31.5 percent respondents experienced nightmares, 38.5 percent respondents have become aggressive in behavior while 27 percent respondents were vulnerable to suicide.

As many as 90.5 percent respondents who became fearful, were experiencing insecurity in a sense that has made them unsure whether they will come back home alive or not whenever they venture out. Also there is a fear of re-occurrence of the same incident with them or with other members of their family. About 87 percent were having sleeping disorders, they didn't sleep well after the incident, the re-experiencing episodes of the incident and fearing to get victimized again have developed sleeping orders among the respondents. They find it difficult to get sleep. Either they got no sleep or they woke up in the middle of night and failed to get sleep again. Again, 86 percent respondents were having stress,

Table 10: Psychological problems experienced after the incident

S.No	**Psychological Problems**	**Frequency of Responses**	**Percentage**
1.	Stress,depression and psychological stress	172	86
2.	Nightmares	63	31
3.	Sleep disorders	174	87
4	Aggressive behaviour	77	38
5	Fearful	181	90.5
6	Loss of interest in life	132	66
7	Re-experiencing the incidence	119	59.5
8.	Vulnerable to suicide	54	27
	Total number of respondents	200	

depression and psychological stress, they were often sad, they always remain disturbed and occasionally became too excited due to the experienced stressful events. They preferred to remain alone, they didn't like to talk with anyone and remained depressed. Most of the respondents pointed out that, the heart breaking accounts, which is either due to the death or disappearance of their loved ones or personal experience of torture and interrogation, have suffered mental agony which has rendered their whole family sick.

A total of 66 percent respondents said they have lost interest in life; they didn't enjoy their life after experiencing the violent incident. With death and destruction everywhere no one could expect an interesting life opined most of the respondents. About 59.5 percent respondents were re-experiencing the incident, they relive the trauma time and again .The respondents who have witnessed the dead bodies of their close ones were unable to forget those tragic scenes and those shocking thoughts kept haunting them.

Also, 38.5 percent respondents who have become aggressive in their behavior said that they have lost their patience, the incidents happened to them had made them less resistant, consequently they had become aggressive in their behavior. Most of the respondents pointed out that sometimes they behave peculiarly and in a bizarre way. They irritate their family members and others or put them into awkward situation.

About 31.5 percent respondents who witnessed nightmares were having dreams full of violence and horror. They were witnessing the anxiety provoking and scary dreams as they have the background where they witnessed the violent incident. Almost 27 percent respondents were vulnerable to suicide. They didn't find their life worth living, they many times thought of suicide but afraid it is a sin, they stopped themselves and some respondents said it was only for the sake of their small children they were still alive, their children's future would be ruined without them, otherwise they would have ended their lives.

When we enquired about the impact of their mental illness on the respondents' general health, we got the following response (Table 11):

Table 11: Impact of psychological problems on the respondent's General health.

S.No.	Impact on General health	No. of. Respondents	Percentage
1	Yes	200	100
2.	No	0	0
Total		200	100

All (100 percent) respondents admitted that they were also suffering from general health problems and they believed that the underlying cause of their deteriorated physical health had been the emotional trauma.

Table 12 clearly depicts that the respondents were having multiple general health problems due to their mental trauma where hypertension rated highest (71percent) followed by gastroenterological problems (57.5 percent), cardiac problems (51.5 percent), eating disorder (35.5 percent,) headache (24.5 percent) and general weakness (18.5 percent).

Table 12: General health problems

S.no	**General health problems**	**Frequency of Responses**	**Percentage**
1	Hypertension	142	71
2	Cardiac problems	103	51.5
3	Headache	49	24.5
4	Gastroentrogical problems	115	57.5
5	General weakness	37	18.5
6	Eating disorder	71	35.5
	Total number of respondents	200	

Table 13 indicates that majority of the respondents i.e. 29 percent suffered from mental illness for more than 8 to 12 years after the incident, followed by 27 percent respondents who faced the problem for 4 to 8 years after the incident and18 percent respondents suffered illness for 1 to 4 years, followed by 17.5 percent, respondents who suffered illness for more than 12 years and only 8.5 percent faced the problem up to one year.

On being asked about the persistence of mental illness, they gave the following response.

Table 13: Persistence of the mental illness after the incident

S.No	Duration of mental illness	No. of Respondents	percent of Respondents
1	Less than one year	17	8.5
2	1 to 4 years	36	18
3	4 to 8 years	54	27
4.	8 to 12 years	58	29
5	Above 12 years	35	17.5
Total		200	100

From the statistical figures it was revealed that majority of the respondents had suffered mental illness for a very long period i.e. 8 to 12 years. They hadn't recovered yet as the tragic scenes of the experienced incidents and fear of getting victimized again didn't let them recover. Further it has been seen that those whose family members were missing were having longer duration of mental ailment. It is because the situation didn't allow them to come out of this trauma. They believed that their dear ones are alive and their heart refused to accept the reality that they might not be alive. They believed that their dear ones would come back and longed to live for that day. This constant agony perhaps has developed into long duration of mental ailment.

We asked our respondents whether they undergo some treatment, their response is given below in Table 14

Table 14: Undertaking treatment

S.NO	Do you undergo treatment.	No. of Respondents	Percentage
1.	Yes	200	100
2.	No	Nil	0
Total		200	100

The above table indicates that 100 percent i.e. all the respondents undergo treatment.

Table 15 shows the type of treatment our respondents were undergoing in which Majority i.e. (36 percent) respondents consulted general practitioners or physicians for treatment. They said they didn't feel the need to consult a psychiatrist. They took anti-depressants and tranquilizers by general practitioner or physicians. Further, with in-depth interview and observation it came to light that the respondents didn't want to categorize themselves as mentally ill most probably due to the fear of stigma attached to it.

About 31.5 percent respondents consulted both *peer*s (spiritual leaders) and took medical treatment through psychiatrists or physicians. They consulted the *peer*s because of having a spiritual belief. Thus both types of treatment have been taken. Also, 18.5 percent respondents preferred to visit private psychiatric clinics. Further, it was observed that there is a trend of visiting private clinics and they preferred to take their patients to these clinics rather than the hospital.

Table 15: Type of treatment

S.No	**Type of Treatment**	**No.of Responses**	**Percentage**
1.	Psychiatric treatment through hospital	11	5.5
2.	Through private clinic	37	18.5
3.	Consulted general practitioner or physician	72	36
4	Visit to peers (spiritual leaders)	17	8.5
5	Medical treatment as well as peers.	63	31.5
Total		200	100

Some 8.5 percent respondents approached *peer*s instead of seeking psychiatric help. They believe in their curative touch, faith-healers, handover sweets called shreen, and written talismans to hang

around the neck. They believed that by consulting the *peer*s their mental illness had been somehow cured.

Table 16: Reasons for not taking psychiatric treatment.

S.No.	Reasons	No. of Respondents	Percentage
1	Because of social stigma	31	23.66
2.	Loss of interest in life	16	12.21
3.	Unable to recognise it as a mental health problem	84	64.12
Total		131	100

Only 5.5 percent respondents consulted psychiatric hospitals for treatment, among them most of the respondents were those whose mental health was severely affected. On the other hand, those respondents who didn't undergo any psychiatric treatment gave the reasons stated in Table 16.

Majority (64.12 percent) of the respondents (Table 16) admitted that they were suffering from mental illness and they were having stress related symptoms like depression, sleeping disorders, vulnerable to suicide and other problems and also due to these problems they were having physical health problems too, like hypertension, indigestion, etc, but they were unable to recognize it as psychological problem and hence didn't take any psychiatric treatment.

Another 23.66 percent respondents didn't take any psychiatric treatment because of the stigma attached to it. From the in-depth discussion with the respondents it was revealed that they hesitated to seek psychiatric treatment because of fear of being labeled as "imbalanced, crazy". It was further observed that because of their poor self-perception they felt shy to seek such kind of treatment.

The rest (12.21 percent) of the respondents said they had lost interest in life, they said that they didn't want to live their life without their dear ones. "What will we do by taking treatment when we don't have someone with whom we can live," said most of the respondents.

At last when our respondents were asked, if they have availed any kind of help from any rehabilitation centre launched by the government or any Ngo, we got the following response.

Table 17: Knowing any rehabilitation programme/centre launched by the Govt. or NGO

S.No.	Responses	No. of Respondents	Percentage
1.	Yes	0	0
2.	No	200	100
Total		100	100

All the respondents reported that they are unaware of any rehabilitation centres launched by the government or any other NGO, and about their availing services which has further contributed to the problem. They all showed apathy towards government. They suffered quantitatively as well as qualitatively but nobody paid heed to their miseries, added the respondents.

Conclusion

The impacts of conflict are complex and wide-ranging. They are not confined to countries at war—they ripple outward from the initial violence, spreading from individuals and communities to countries and regions. At the core of every conflict is insecurity. This insecurity fractures social ties, breaks up families and communities, and displaces populations. In every conflict, loss and trauma directly affects many people. In addition there are many other individuals who are emotionally impacted simply by being part of the affected community. Impact of conflict on mental health of individuals, who go through it or even witness it, is influenced by several factors. Those who are victims of violent situations suffer psychological stress. Such stress may traumatize individuals. Trauma could be the result of living through violence or witnessing acts of violence or being directly inflicted by killings, torture, rape, etc. The acts of conflict in terms of death of a close family member may be the most difficult bereavement to bear and the sudden death in the family might have long lasting physical and emotional repercussions on the survivors.

The violence and cruelty of conflict are associated with range of psychological and behavioral problems including depression, anxiety, and suicidal behavior, post traumatic stress, nightmares etc. Further more psychological trauma may become evident in disturbed and antisocial behavior, such as family conflict and aggression towards others. This situation is often exacerbated by the availability of weapons and by people becoming habituated to violence after long exposure to conflict. The impact of conflicts on mental health is, however, extremely complex and unpredictable. It is influenced by a host of factors such as the nature of the conflict, the kind of trauma and distress experienced, the cultural context, and the resources that individuals and communities bring to bear on their situation.

The violence in the trouble torn valley of Kashmir has taken a heavy toll by influencing each and every individual of the society and has ruined everything, including psychological health. Apart from resulting in the death of thousands, Conflict has resulted in emotional distortion of people, mental imbalance, feelings of insecurity, uncertainty, and economic instability among Kashmiri people. Daily exposure to a variety of severe traumatic stresses has lead to an escalation in mental ailments.

The context of this study is the quest to discover the impact of conflict situation on mental health in Srinagar city. The study has begun with the most reliable technique of the empirical study, which enables us to quantify the impact of conflict on mental health and draw some logical conclusions.

The findings of the study have divulged that the killings and murder of innocent people in conflict situation seem to be the most brutal and wild behaviour, affecting all sections of society. The loss of life is an irreparable damage and families of the deceased persons undergoing bereavement are more prone to psychological stress. Killing of a person in a family creates a sense of insecurity and fear in their daily life. The mode of death specifically due to violent act, which is unexpected and sudden, has led to all kind of psychological problems (including mental health) in the survived family members of the victims. The incidence of mental illness in this study was found more in females than in males. From our study it appears that women were found mentally ill due to the various incidents which occurred to them during the turmoil. It is generally conceded that men are being increasingly targeted in these episodes of contemporary violence in Kashmir due which women have borne the brunt of every tragedy. They have lost their husband, father or son or brother and this is probably due to this fact that they have now assumed the status of the head of the family and they are finding it difficult to cope with this situation which has led them to stress related disorders. During our study we also found that majority of respondents were mothers who have their sons either killed or missing during conflict due to which their mental health has been affected.

The statistical figures while assessing the psychological problems experienced by respondents, displayed a clear and evident picture of tremendous effect. The respondents were having multiple psychological problems in which majority of the respondents have become fearful, they were feeling insecure which has made them unsure whether they will come back home alive or not whenever they venture out and there is a fear of re-occurrence of the same incident, which has happened to them or their family member. The respondents were having sleeping disorders, they didn't sleep well, because of fearful thoughts and the re-experiencing episodes of the incident and fearing to get victimized again. They find it difficult to get sleep. Either they got no sleep or they woke up in the middle of night and failed to go to sleep again. They don't enjoy the life after experiencing the violent incident. They have lost interest in life after losing their dear ones. With death and destruction everywhere, no-one in the present study expected an interesting life, we also found other problems like Stress, depression and, re-experiencing of events, aggressive behavior, nightmares etc. at greater percentages.

Further, the study revealed that those whose family members were missing were having long duration of mental ailment. It is because the situation didn't allow them to come out of this trauma. The respondents, whose sons, husbands or relatives have disappeared, are not able to perform their last rituals, which would lessen their grief. Time doesn't seem to heal their wounds because they believe that dear ones are alive and their heart refuses to accept the reality that they might not be alive. They believe that they will come back and longs to live for the day. This constant agony perhaps develops into long duration of mental ailment.

While assessing the impact of mental illness on their physical or general health, it was perceived that mental illness has also resulted in the deterioration of their physical health. In the present study All the respondents were found to have multiple physical health problems where hypertension rated highest followed by gastroenterological problems and the underlying cause is emotional trauma. Besides other physical health problems like cardiac problems, headache, general weakness etc were also found in the present study.

The study reveals high percentage of the respondents took treatment either through general practitioners or physicians and *peers*. Firstly, they believe in the curative touch of peers and second, they didn't want to categorize themselves as mentally ill most probably due to the fear of social stigma attached to it, they took anti-depressants and tranquilizers prescribed by general practitioner or physicians. They were reluctant to take psychiatric treatment from hospital or any other psychiatric clinic.

Further, the study highlights the unawareness of people about any rehabilitation centers or any other NGO and showed grievances towards the government. The absence of community centers where the people with stress related disorders could be rehabilitated, has further contributed to their problems.

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